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Teldistrict	Telblok	Gebouw	Woonverblijf
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Tuma for di e Formulier Huishoudens e cantidad di persona den e vivienda:

2 Tipo di vivienda:

Vivienda normal → BAI NA 4

Vivienda pa "collectief huishouden" → SIGUI CU 3

Persona no tin lugar pa biba → FIN FORMULARIO

3 Sorto di vivienda pa "collectief huishouden":

Hotel, pension

Cas di anciano

Cas di huerfano/ Cas pa hubentud

Cas di cuida

Vivienda colectivo pa trahador

Prison

Otro tipo di vivienda colectivo →

Yena tipo di vivienda colectivo den blokletter

BAI NA 5

4 Sorto di vivienda normal:

Cas

Apartamento

Kamber apart den un cas

Trailer/ container

Cuarto

Otro tipo di vivienda normal →

Yena tipo di vivienda normal den blokletter

5 E vivienda ta (*):

Propiedad, riba tereno propio

Propiedad, riba tereno erfpacht → BAI NA 7

Propiedad, riba tereno di huur

Wordo usá pormada pa miembran di e unidad domestico

Na huur, muebla → SIGUI CU 6

Na huur, no muebla

Na huur for di e promer huurdo (onderhuur)

(* Menciona hypotheek of huurkoop como propiedad)

6 Cuanto e huur di e vivienda aki ta pa luna den florin Arubiano?

Afl

i Yena "9999" si e huur no ta conoci

7 Tipo di doño di e vivienda:

Persona (huridico) particular

FCCA (solamente pa cas di pueblo)

(Instancia di) Gobierno

8 E vivienda a wordo construi:

Promer cu 1940

Periodo 1940 - 1949

Periodo 1950 - 1959

Periodo 1960 - 1969

Periodo 1970 - 1979

Periodo 1980 - 1989

Periodo 1990 - 1994

1995 of despues

9 Di cuanto cuarto e vivienda ta consisti?

1 2 3 4 5

6 7 8 9 10 of mas

i *Inclui:* kambenan, cushina y patio/veranda/porch cu bo por sera.

i *Exclui:* baño, w.c., gang, patio/veranda/porch habri, garashi y cuarto destina exclusivamente pa ehercemento di un profesion.

10 Cuanto kamber (dormitorio) tin den e vivienda?

1 2 3 4 5

6 7 8 9 10 of mas

11 Tin e siguiente facilidadnan di cushina den e vivienda:

	Si	No
Frigidaire	<input type="checkbox"/>	<input type="checkbox"/>
Labaplatu (gootsteen)	<input type="checkbox"/>	<input type="checkbox"/>
Stoof	<input type="checkbox"/>	<input type="checkbox"/>

12 Superficie total di e vivienda den m²?

Yena "9999" si e no ta conoci m²

i *Inclui:* baño, w.c., gang, patio/veranda/porch y garashi cu dak.

Exclui: cuartonan pa ehercemento di un profesion, patio/veranda/porch sin dak.

13 E edificio caminda e vivienda ta situa ta consisti di:

Un piso +

Dos piso

Tres of mas piso

14 Material di e dak:

Plachi di metal (zink of aluminium)

Plachi di asbest

Plachi di kunststof

Panchi (ceramica)

Shingles

Otro material

i Den caso cu a usa mas material, indica e material mas usa.

15 Construcion di murayanan parti pafor:

Blokki, beton, piedra

Palo

Plachi di eterniet

Plachi di metal

Otro material

i Den caso cu a usa mas material, indica e material mas usa.

16 Calidad di e vivienda:

Bon

Regular

Malo

Masha malo

i Consulta e hulpaartje "Kwaliteit Woonverblijf".

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17 Quanto douche/ badkuij ta pertenece na e vivienda?

0 1 2 3 4

5 6 7 8 9 of mas



18 Quanto toilet ta pertenece na e vivienda, tanto den baño como pafor di baño?

No tin toilet → BAI NA 20

1 2 3 4

5 6 7 8 of mas

19 E awa di toilet ta bai via:

- Riool
- Pos (beerput)
- Combinacion di riool y pos (beerput)
- Tanki septico
- Otro (quimico etc.)

20 E vivienda ta dispone di un rembak/pos (di awa dushi)?

Si No

21 Awa ta wordo usa (pa p.e. muha mata) for di:

	Si	No
Rembak	<input type="checkbox"/>	<input type="checkbox"/>
Pos (di awa dushi)	<input type="checkbox"/>	<input type="checkbox"/>
Tanki septico/ pos (beerput)	<input type="checkbox"/>	<input type="checkbox"/>
Dam	<input type="checkbox"/>	<input type="checkbox"/>

22 E vivienda ta dispone di un "pool"?

i Solamente "pool" construi permanente

Si No

23 Superficie total den m² di e terreno riba cual e vivienda ta situa?

m²

i Yena "99999" si e no ta conoci

24 Quanto auto (cu ta core) e habitantenan di e vivienda aki ta dispone di dje?

No tin auto → BAI NA 26

1 2 3 4 5 of mas

25 Tin lugar pa tur auto parkeer den cura of den un garashi den cura?

- Si, tin lugar pa tur parkeer
- Si, tin lugar pa parkeer, pero no pa tur auto
- No, no tin lugar pa parkeer

26 E vivienda ta dispone di e siguiente coneccionnan:

	Si	No
Propio coneccion di coriente	<input type="checkbox"/>	<input type="checkbox"/>
Propio meter di awa	<input type="checkbox"/>	<input type="checkbox"/>
Coneccion di telefon (exclui celular)	<input type="checkbox"/>	<input type="checkbox"/>
Coneccion di cable	<input type="checkbox"/>	<input type="checkbox"/>
Coneccion di internet	<input type="checkbox"/>	<input type="checkbox"/>

27 Quanto di e siguiente aparatonan (cu ta funcionando) e vivienda ta dispone di dje:

Computer	0	1	2	3	4 of mas
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aireco	0	1	2	3	4 of mas
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28 Tin molester den cercania di e vivienda di:

	Si	No
Stof (dor di cobamento, caminda di santo)	<input type="checkbox"/>	<input type="checkbox"/>
Polucion di aire	<input type="checkbox"/>	<input type="checkbox"/>
Zonido (avion, actividad economico, bisiaña, trafico)	<input type="checkbox"/>	<input type="checkbox"/>
Trafico (inseguridad, drukte)	<input type="checkbox"/>	<input type="checkbox"/>
Molester di awa despues di un yobida grandi	<input type="checkbox"/>	<input type="checkbox"/>
Criminalidad	<input type="checkbox"/>	<input type="checkbox"/>
Sushedad y holor stinki (sushi di mondi, actividad economico den bario, etc.)	<input type="checkbox"/>	<input type="checkbox"/>



FIN DI FORMULARIO DI VIVIENDA, SIGUI CU E FORMULARIO DI PERSONA





Person Form

Census 2000



Indica unicamente di e manera aki

Scirbi cifranan como lo siguiente

9 7 2 1

Yena e siguiente datonan pa cada persona den e unidad domestico!

Teldistrict	Telblok	Gebouw	Woonverblijf

Atencion:

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Scirbi un texto den blokletters

ARUBA

<p>1 Person is recorded under the following numbers on the Formulier Huishoudens:</p> <p>Gezinsnummer <input type="text"/></p> <p>1 Fill in "0" if person lives in a collective household</p> <p>Persoonsnummer <input type="text"/></p>	<p>6 Relationship to the reference-person?</p> <p><input type="checkbox"/> Is reference-person</p> <p><input type="checkbox"/> Married to the reference-person</p> <p><input type="checkbox"/> Child of reference-person and/or of spouse of reference-person</p> <p><input type="checkbox"/> Father/ mother of reference-person</p> <p><input type="checkbox"/> Father-/ mother-in-law of reference-person</p> <p><input type="checkbox"/> Brother/ sister of reference-person</p> <p><input type="checkbox"/> Brother-/ sister-in-law of reference-person</p> <p><input type="checkbox"/> Son-/ daughter-in-law of reference-person and/or of spouse of reference-person</p> <p><input type="checkbox"/> (Great) Grandchild of reference-person and/or of spouse of reference-person</p> <p><input type="checkbox"/> Other family member of reference-person and/or of spouse of reference-person</p> <p><input type="checkbox"/> Live-in servant in the same home</p> <p><input type="checkbox"/> No family ties (also applies to a collective household)</p>	<p>9 1 Only for persons <u>not</u> born on Aruba</p> <p>A. When did you come to live for the last time on aruba? </p> <p>Month <input type="text"/> Year <input type="text"/></p> <p>B. Which country did you live in before you came to Aruba?</p> <p><input type="checkbox"/> Colombia <input type="checkbox"/> The Netherlands</p> <p><input type="checkbox"/> Dominican Republic <input type="checkbox"/> Curaçao</p> <p><input type="checkbox"/> Surinam <input type="checkbox"/> Bonaire +</p> <p><input type="checkbox"/> Venezuela <input type="checkbox"/> Saint Martin</p> <p><input type="checkbox"/> USA <input type="checkbox"/> Grenada</p> <p><input type="checkbox"/> Haiti <input type="checkbox"/> Other country ↓</p> <p>Note country in block letters</p> <p><input type="text"/></p> <p>GO TO !!</p>
<p>2 What is person's sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Person refuses to co-operate with the census <input type="checkbox"/></p> <p>END OF FORM ←</p>	<p>7 Are you a relative (also by marriage) of everyone in this household?</p> <p><input type="checkbox"/> Yes, person is a relative of everyone in the household</p> <p><input type="checkbox"/> No, no family ties to everyone in the household</p>	<p>10 1 Only for persons born on Aruba </p> <p>A. Have you always lived on Aruba since you were born?</p> <p><input type="checkbox"/> Yes → GO TO 11</p> <p><input type="checkbox"/> No ↓</p> <p>B. When did you return to Aruba for the last time?</p> <p>Month <input type="text"/> Year <input type="text"/></p> <p>C. Which country did you live in before?</p> <p><input type="checkbox"/> Colombia <input type="checkbox"/> The Netherlands</p> <p><input type="checkbox"/> Dominican Republic <input type="checkbox"/> Curaçao</p> <p><input type="checkbox"/> Surinam <input type="checkbox"/> Bonaire</p> <p><input type="checkbox"/> Venezuela <input type="checkbox"/> Saint Martin</p> <p><input type="checkbox"/> USA <input type="checkbox"/> Grenada</p> <p><input type="checkbox"/> Haiti <input type="checkbox"/> Other country ↓</p> <p>Note country in block letters</p> <p><input type="text"/></p> <p>D. How many years did you live in this country during the last period?</p> <p><input type="text"/> Year</p>
<p>3 What is your date of birth?</p> <p>Month <input type="text"/> Year <input type="text"/></p>	<p>8 In which country were you born?</p> <p><input type="checkbox"/> Aruba → GO TO 10</p> <p><input type="checkbox"/> Colombia <input type="checkbox"/> The Netherlands</p> <p><input type="checkbox"/> Dominican Republic <input type="checkbox"/> Curaçao</p> <p><input type="checkbox"/> Surinam <input type="checkbox"/> Bonaire</p> <p><input type="checkbox"/> Venezuela <input type="checkbox"/> Saint Martin</p> <p><input type="checkbox"/> USA <input type="checkbox"/> Grenada</p> <p><input type="checkbox"/> Haiti <input type="checkbox"/> Other country ↓</p> <p>Note country in block letters</p> <p><input type="text"/></p>	
<p>4 What is your nationality?</p> <p><input type="checkbox"/> Dutch <input type="checkbox"/> Surinamese</p> <p><input type="checkbox"/> Colombian <input type="checkbox"/> American</p> <p><input type="checkbox"/> Dominican <input type="checkbox"/> Haitian</p> <p><input type="checkbox"/> Venezuelan <input type="checkbox"/> British</p> <p><input type="checkbox"/> Other nationality ↓</p> <p>Note nationality in block letters</p> <p><input type="text"/></p>	<p>5 What is your religion?</p> <p><input type="checkbox"/> Roman Catholic <input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Methodist <input type="checkbox"/> Protestant, reformed</p> <p><input type="checkbox"/> Anglican <input type="checkbox"/> Evangelist</p> <p><input type="checkbox"/> Adventist <input type="checkbox"/> Jehovah's witness</p> <p><input type="checkbox"/> Other <input type="checkbox"/> None</p> <p>+</p>	

Person is younger than 3 years
GO TO 14

+



11 In which languages can you speak with other persons about daily matters?

① Cross as many boxes as necessary **3***

- | | |
|---|--|
| <input type="checkbox"/> Papiamentu | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> English |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> "Creole" (Patois) |
| <input type="checkbox"/> French | <input type="checkbox"/> German |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Sranan Tongo |
| <input type="checkbox"/> Other language | |

Note one language in block letters

12 Which language, indicated in the previous question, do you speak the most at home?

① Cross only 1 box **3***

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Papiamentu | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> English |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other language |

Note language in block letters

13 Do you have, because of a physical or mental condition lasting 6 months or more, any difficulty in doing any of the following activities:

3*

A. Difficulty to learn, remember, or concentrate?

- Yes No

B. Difficulty to dress, bath or getting around inside the home?

- Yes No

Person is younger than 14

GO TO 14

Person is 14 years or older

GO TO 13c

C. Difficulty to go outside the home by yourself, for instance to shop or visit the doctor?

- Yes No **14***

D. Difficulty to (if necessary) work at a job or business?

- Yes No

14 Do you (does he/ she) have a handicap?

① Check definition "handicap"

Yes → GO TO 15

No → GO TO 17

15 What type(s) of handicap(s) do you (does he/she) have?

① Cross as many boxes as necessary

- Motory disfunction (moving)
- Visual handicap (seeing)
- Auditory handicap (hearing)
- Organ handicap (e.g. asthma)
- Severe mental handicap
- Moderate mental handicap
- Other handicap (e.g. speaking)

16 What caused this handicap?

① Cross most important cause

- Born with it, hereditary illness
- Geriatric illness
- Infection
- Other disease
- Unhealthy habits (e.g. smoking, drugs)
- Poisoning
- Accident
- Emotional stress
- Unhealthy way of eating
- Other reason

17 From which of the following illnesses did you suffer during the last 12 months?

	Yes	No
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Joint ailment (arthritis, artrose, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

18 How is your health in general?

- Perfect +
- Good
- Moderate
- Sometimes good, sometimes bad
- Bad

19 ① Only for persons 6 years or older
Did you do any physical exercises during the last week?

- Yes No **6***

20 Do you (he/she) attend a school or regular education (e.g. kleuterschool, basisschool, EPB, MAVO, HAVO, EPL,...) or does he/she attend a crèche?

① Include evening school, NO courses

Yes → GO TO 21

No → GO TO CHECK 2

21 Which school do you (he/ she) attend?

① Crèche also

Name of the school

Type of education

Field of study

School address

22 What grade are you (he/ she) in?

Not applicable (crèche)

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

23 How does the pupil usually get to school/ crèche?

- Private car of someone who lives in the same home
- Private car of someone who does not live in the same home
- ARUBUS
- Private schoolbus +
- Private bus/ taxi
- Motorcycle/ moped/ bicycle
- By foot

24 ① Only for children under 14 years of age
Who usually takes care of the child after 1:00 P.M. during a normal schoolweek?

- Mother/ father (at home) **14**
- Other relative at home
- Paid baby-sitter at home
- Family/ friend elsewhere
- Child remains (home) alone
- Child care out of home (day care, crèche, Traimerdia, paid baby-sitter)

Person younger than 14 years

END OF FORM

CHECK 2

Person is 14 years or older

GO TO 25

25 Are you able to read a simple text and to write a letter?

- Yes, can read and write
- No, can not read and write

26 What is the highest grade of primary education you finished successfully?

Did not follow primary education

GO TO 31

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |